



EMPLOYMENT RETALIATION (WHISTLEBLOWER) QUESTIONNAIRE/AFFIDAVIT

NORTH DAKOTA DEPARTMENT OF LABOR

SFN 54049 (5-2004)

| | | | | |
|--|------|------------------------|----------------------|----------|
| | | Department Use Only | Date NDDOL Contacted | Initials |
| Your Name | | | Telephone Number | |
| Address | City | State | Zip Code | County |
| If we can't reach you directly, provide the NAME and TELEPHONE NUMBER of a person (not within your household) who we can call: | | | | |

THE ACT(S) OF RETALIATION WERE RELATED TO:

Check ALL that apply

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Failure to Hire | <input type="checkbox"/> Pay/Compensation | <input type="checkbox"/> Hostile Environment | <input type="checkbox"/> Constructive Discharge (Forced to Resign) |
| <input type="checkbox"/> Failure to Promote | <input type="checkbox"/> Demotion | <input type="checkbox"/> Discharge | |
| <input type="checkbox"/> OTHER Conditions of Employment (Explain below) | | | |

| | | | | |
|--|-------|-------|---------------------------|--------|
| Name of Company/Organization that you believe retaliated against you | | | Telephone Number | |
| Address | City | State | Zip Code | County |
| Contact Person (owner, CEO, HR Director, Manager, etc.) | Title | | Telephone Number | |
| Immediate Supervisor | Title | | | |
| Other Supervisor | Title | | Last Date of Retaliation: | |

PLEASE ATTACH A STATEMENT that describes what happened including: background history; a brief description of your work; how and/or why you believe you were retaliated against; by whom; when; where. Be sure to include supporting evidence such as names of witnesses, witness statements, and documents when possible. Please keep your statements relative to the basis of the complaint. Be sure to include all dates (day, month, year) and names as accurately as possible.

REMEDIES YOU ARE SEEKING FOR RELIEF IN THIS COMPLAINT (Describe what it would take to resolve the issue(s) you are alleging)

RETURN TO:

North Dakota Department of Labor
State Capitol--13th Floor
600 E Boulevard Ave Dept 406
Bismarck ND 58505-0340

The information I have provided above is correct and complete to the best of my knowledge and belief. This complaint form and any accompanying statements must be signed in order to process a complaint of retaliation.

Your Signature

Date Signed